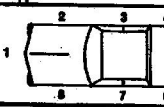
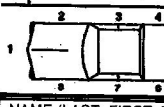
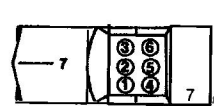

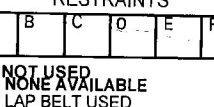


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<b>Lebanon Police</b>		<b>0830300</b>		ODHS USE ONLY - DO NOT MARK ABOVE														
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED <b>2</b>		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED											
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>				DATE OF CRASH: <b>02</b> <b>15</b> <b>14</b> DAY <b>SAT</b>		TIME: MILITARY <b>1505</b>											
CRASH OCCURRED ON <b>1425 Columbus Ave., Lebanon, Oh 45036</b>								WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION _____ MILES _____ FEET W _____ N _____ E _____ S _____ OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE <b>8321</b>													
LOG-1		LOG-2		LOC		JUR		FH9		FILT											
A UNIT NO. <b>1</b>		NO OF OCCUPANTS <b>1</b>		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT <b>State Farm</b>									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Fox, Richard</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>7899 Kyles Station Rd., Middletown, OH 45044</b>																	
PHONE NO. <b>(513) 779-3987</b>		BIRTH DATE <b>07</b> <b>27</b> <b>33</b>		AGE <b>80</b>		SEX <b>M</b>		SOCIAL SECURITY NO.		STATE <b>OH</b>		DRIVER'S LICENSE NO. <b>RH851923</b>		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Fox, Kathryn</b>				ADDRESS <b>7899 Kyles Station Rd., Middletown, OH 45044</b>								PHONE <b>(513) 779-3987</b>									
VEH YR <b>13</b>		MAKE <b>Honda</b>		MODEL <b>Odyssey</b>		COLOR <b>White</b>		STYLE <b>SW</b>		STATE <b>OH</b>		LICENSE PLATE NO. <b>DEP3775</b>		TOWING SERVICE		VEH/PED DIR FROM <b>U</b> TO <b>E</b>					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8 UNIT NO. <b>2</b>		NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT <b>Selective Insurance Co.</b>									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)																	
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Caregivers For Independence LLC</b>				ADDRESS <b>2121 Hamilton Middletown Rd., Hamilton, OH 45011</b>								PHONE <b>(513) 893-0300</b>									
VEH YR <b>08</b>		MAKE <b>Dodge</b>		MODEL <b>Grand Caravan</b>		COLOR <b>Silver</b>		STYLE <b>SW</b>		STATE <b>OH</b>		LICENSE PLATE NO. <b>632YGL</b>		TOWING SERVICE		VEH/PED DIR FROM TO					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION						INJURIES					
		ADDRESS				PHONE		SEX		A 1 B C D E F						A 5 B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		 <b>P-PEDESTRIAN</b>						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				PHONE		SEX								CONDITION					
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE								A 1 B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		 <b>P-PEDESTRIAN</b>						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
		ADDRESS				PHONE		SEX								ALCOHOL					
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE								A 1 B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		 <b>P-PEDESTRIAN</b>						1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
		ADDRESS				PHONE		SEX								EJECTION					
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE								A 1 B C D E F					
A B C		INJURED TAKEN TO				By				8 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED						A 1 B C D E F					
D E F		INJURED TAKEN TO				By				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE						A 1 B C D E F					
A B C		OFFENSE CHARGED AND DESCRIPTION								1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG						A 1 B C D E F					
D E F		OFFENSE CHARGED AND DESCRIPTION														A 1 B C D E F					
RECEIVED CALL <b>1505</b>		DISPATCHED <b>1507</b>		ARRIVED <b>1520</b>		CLEARED <b>1533</b>		OTHER TIME		TOTAL TIME <b>28 minutes</b>											
DATE REPORT FILED <b>M 10 14</b>		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME <b>Ptl. T. Cooper</b>		BADGE NO. <b>125</b>		CHECKED BY <b>S. Morris #131</b>													